

# Direct Deposit Authorization

I authorize Duchesne County to send credit entries, as well as appropriate adjustments and debit entries, to my account as indicated below.

## Account

Account Type:      \_\_\_\_\_ Checking      \_\_\_\_\_ Savings

Bank Name: \_\_\_\_\_

Bank Routing #/ ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_

Percentage to be deposited into this account: \_\_\_\_\_

Please attach a voided check here

\_\_\_\_\_  
Email Address (for emailed direct deposit statements)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name